### **Application Data Sheet**

### **Application Information**

Application Type::

Regular

Subject Matter::

Utility

Title::

Nasal Mask With Lockable Air Inlet

Attorney Docket Number::

1-25085

Suggested Drawing Figure:: Total Drawing Sheets::

1 15

Small Entity?::

No

Petition Included?::

No

#### **Inventor Information**

Applicant Type::

Inventor

Primary Citizenship Country::

United States

Status::

Full Capacity

Given Name::

Allan

Middle Name::

R.

Family Name::

Jones

Name Suffix::

Jr.

City Residence::

Derry

State or Province of Residence::

Pennsylvania

Country of Residence::

US

Street of Mailing Address::

R.D. #1 Box 330

City of Mailing Address::

Derry

State or Province of Mailing Address::

Pennsylvania

Country of Mailing Address::

US

Postal or Zip Code::

15627 Inventor

Applicant Type::
Primary Citizenship Country::

**United States** 

Status::

Full Capacity

Given Name::

Nicholas

Middle Name::

J.

Family Name::

Macmillan

City Residence::

Greensburg Pennsylvania

State or Province of Residence::

US

Street of Mailing Address::

Country of Residence::

106 Pinehurst Lane

City of Mailing Address::

Greensburg

State or Province of Mailing Address::

Pennsylvania

Country of Mailing Address::

US

Postal or Zip Code::

15601

Applicant Type::

Inventor

Primary Citizenship Country::

**United States** 

Status::

Full Capacity

Given Name::

Terry

Middle Name::

M.

Family Name::

Birchler

City Residence::

New Albany

State or Province of Residence::

Ohio

Country of Residence::

US

Street of Mailing Address::

1688 Harrison Pond Drive

City of Mailing Address::

New Albany

State or Province of Mailing Address::

Ohio US

Country of Mailing Address::

Postal or Zip Code::

43504

**Correspondence Information** 

Correspondence Customer Number::

4859

**Representative Information** 

Representative Customer Number::

4859

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application	60/451,113	02/28/03
	claiming the		
	benefit under		
	35USC 119 (e)		

# **Assignee Information**

Assignee name::

Sunrise Medical HHG Inc.

Street of Mailing address::

7477 East Dry Creek Parkway

City of mailing address::

Longmont

State or Province of mailing address::

Colorado

Country of mailing address::

US

Postal or Zip Code of mailing address:: 80502

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